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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	B-306
First Named Inventor	Dennis N. Bingham
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD OF FORMING A CHEMICAL COMPOSITION

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  →  Place Customer Number Bar Code Label here  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Stephen R. Christian Alan D. Kirsch	32,687 33,720		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number  OR  Correspondence address below

Name	Stephen R. Christian		
Address	Bechtel BWXT Idaho, LLC		
Address	P. O. Box 1625		
City	Idaho Falls	State	ID
Country	US	Telephone	208-526-9140
		Fax	208-526-8339

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Dennis N.		Bingham		
Inventor's Signature	<i>Dennis N. Bingham</i>			Date 10-8-03
Residence: City	Idaho Falls	State	ID	country US
Post Office Address	2728 West 17th South			
Post Office Address				
City	Idaho Falls	State	ID	ZIP 83402
				Country US

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Bruce M.				Wilding				
Inventor's Signature	<i>Bruce M. Wilding</i>				Date	10/10/03		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	2818 Honeysuckle							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83402	Country	US	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
Kerry M.				Klingler				
Inventor's Signature	<i>Kerry M. Klingler</i>				Date	10/10/03		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	2385 Bramble Lane							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83402	Country	US	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
William T.				Zollinger				
Inventor's Signature	<i>William T. Zollinger</i>				Date	10/10/03		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	803 Jeri Avenue							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83402	Country	US	

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Kraig M.				Wendt				
Inventor's Signature	<i>Kraig M. Wendt</i>						Date	10-2-03
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	2111 West 113 North							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83402	Country	US	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature							Date	
Residence: City		State	ID	Country	US	Citizenship	US	
Post Office Address								
Post Office Address								
City		State	ID	ZIP		Country	US	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature							Date	
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address								
Post Office Address								
City	Idaho Falls	State	ID	ZIP		Country	US	

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